BOPUK 531.01 \* INMATE HISTORY \* 09-08-2006 PAGE 001 \* WRK DETAIL \* 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	/TIME	STOP DATE	/TIME
MCK MCK	I CABLE 1 I MILL 1	CABLE 1 MILL 1	06-19-2006 09-28-2005		CURRENT 06-19-2006	0001
MCK	VACATION	VACATION	09-26-2005	0001	09-28-2005	0001
MCK	I MILL 1	MILL 1	07-27-2005	0001	09-26-2005	0001
MCK	VACATION	VACATION	07-26-2005	0001	07-27-2005	0001
MCK	I MILL 1	MILL 1	05-05-2005	0001	07-26-2005	0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005	0001	05-05-2005	0001
MCK	VACATION	VACATION	02-10-2005	0001	02-12-2005	0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004	0001	02-10-2005	0001
MCK	VACATION	VACATION	09-24-2004	0001	09-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004	0001	09-24-2004	0001
MCK	IDLE	IDLE	02-26-2004	0800	02-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001

MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999	0001	02-15-2000	1421
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999	0001	12-27-1999	0839
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999	1007	12-16-1999	0826

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 \* INMATE HISTORY \* 09-08-2006 PAGE 002 OF 002 \* WRK DETAIL \* 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START 1	DATE/	TIME	STOP	DATE	TIME
MCK	FD SVC	FOOD SERVICE	11-18-	1999	0001	11-19-	-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-	1999	1110	11-18-	-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-2	1999	2320	11-09-	-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-3	1999	0001	09-29-	-1999	2320
MCK	VACATION	VACATION	09-27-1	1999	0001	09-28-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1	1999	0001	09-27-	-1999	0001
MCK	IDLE	IDLE	06-08-1	1999	0958	06-09-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1	1999	0001	06-08-	-1999	0958

MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 (	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999 (	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 (	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998 (	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 (	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 (	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998 (	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998 (	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0	050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1	1815	03-26-1998	0920

BOPUK 540\*23 \* SENTENCE MONITORING \* 09-13-2006 PAGE 001 \* COMPUTATION DATA \* 09:47:20 AS OF 09-13-2006

REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR

FBI NO..... 240532MA5 DATE OF BIRTH: 08-22-1970

ARS1..... MCK/A-DES

UNIT..... C QUARTERS....: C03-129L

DETAINERS..... NO NOTIFICATIONS: NO

PRE-RELEASE PREPARATION DATE: 12-18-2006

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

THE INMATE IS PROJECTED FOR RELEASE: 06-18-2007 VIA GCT REL

----- URRENT JUDGMENT/WARRANT NO: 030 ------

COURT OF JURISDICTION..... OHIO, NORTHERN DISTRICT

HOW COMMITTED..... US DISTRICT COURT COMMITMENT

PROBATION IMPOSED..... NO

FELONY ASSESS MISDMNR ASSESS FINES COSTS NON-COMMITTED:: \$200.00 \$00.00 \$00.00

\$100.00 \$00.00 \$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,268.00

----- 0BLIGATION NO: 010 ------

OFFENSE CODE....: 554

OFF/CHG: 18:2113(A)&(D) - ARMED BANK ROBBERY

SENTENCE PROCEDURE...... 3559 PLRA SENTENCE

SENTENCE IMPOSED/TIME TO SERVE:: 57 MONTHS
TERM OF SUPERVISION....: 5 YEARS
CLASS OF OFFENSE....: CLASS B FELONY
DATE OF OFFENSE....: 10-08-1997

G0002

SENTENCE MONITORING 09-13-2006 PAGE 002 COMPUTATION DATA 09:47:20 AS OF 09-13-2006 REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR -----CURRENT OBLIGATION NO: 020 ------OFFENSE CODE...: 130 OFF/CHG: 18:924(C)(1) - USE OF A FIREARM DURING A CRIME OF VIOLENCE SENTENCE PROCEDURE..... 3559 PLRA SENTENCE SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS TERM OF SUPERVISION....: 5 YEARS CLASS OF OFFENSE..... CLASS C FELONY

RELATIONSHIP OF THIS OBLIGATION TO OTHERS FOR THE OFFENDER....: CONSECUTIVE DATE OF OFFENSE..... 10-08-1997

BOPUK 540\*23 \*

-----CURRENT COMPUTATION NO: 030 -----

COMPUTATION 030 WAS LAST UPDATED ON 10-27-1999 AT MCK AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN CURRENT COMPUTATION 030: 030 010, 030 020

DATE COMPUTATION BEGAN..... 08-05-1998

AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA

TOTAL TERM IN EFFECT..... 117 MONTHS

TOTAL TERM IN EFFECT CONVERTED..: 9 YEARS AGGREGATED TERM OF SUPERVISION..: 5 YEARS 9 MONTHS

EARLIEST DATE OF OFFENSE.....: 10-08-1997

JAIL CREDIT....: FROM DATE THRU DATE

10-14-1997 08-04-1998

MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006
PAGE 001 \* WRK DETAIL \* 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

		DEGELERA		/		/
FCL		DESCRIPTION	•		STOP DATE,	TIME
MCK	I CABLE 1	CABLE 1	06-19-2006			0001
MCK	I MILL 1	MILL 1			06-19-2006	
MCK	VACATION	VACATION			09-28-2005	
MCK	I MILL 1	MILL 1			09-26-2005	
MCK	VACATION	VACATION	1.7		07-27-2005	
MCK	I MILL 1	MILL 1			07-26-2005	
MCK	I PROD.1	PRODUCTION 1			05-05-2005	
MCK	VACATION	VACATION			02-12-2005	
MCK	I PROD.1	PRODUCTION 1			02-10-2005	
MCK	VACATION	VACATION			09-28-2004	
MCK	I PROD.1	PRODUCTION 1			09-24-2004	
MCK	IDLE	IDLE			02-28-2004	
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001
MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM			02-15-2000	
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-27-1999	
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-16-1999	
				-		

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006 PAGE 002 OF 002 \* WRK DETAIL \* 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE	/TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999	0001	11-19-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-1999	1110	11-18-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999	2320	11-09-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999	0001	09-29-1999	2320
MCK	VACATION	VACATION	09-27-1999	0001	09-28-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999	0001	09-27-1999	0001
MCK	IDLE	IDLE	06-08-1999	0958	06-09-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999	0001	06-08-1999	0958
MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNICOR Federal Prison Industries, Inc.	ndustrial Employment/IPRS Action Report
1. Type of Report: UI	NICOR Action = 1 IPRS Action = 2 Both = 3
<b>9</b>   Er	nter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 nter 2 For Change In Employment Status, Complete Items 4-21, and 26 nter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
Er	nter 2 For Enrollment, Complete Items 4-6, 19 nter 3 For Completion, Complete Items 4-6, 19 nter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number  5 1 6 2 7 0 6 0 S I	5. Resident Name (Last, First, Middle)  6. Institution Code  2 3 1
Number 1 - 4 Code  C 1 2 2 MCFT  To:  13. Job 14. Grade 15. Industry 16 Number 1 - 4 Code  19. Effective Date 20. Till Month, Day, Year	1
1 = Released 2 = Transfe 5 = Program Discontinued 23. Continuation of Longevity 1 = yes 0 = no 2 = no	erred 3 = Program Change 4 = Inmate Request 6 = Control Purposes 7 = Institutional Needs
24. Date	e Of Enrollment Month, Day, Year
25. Total Inmate	e Hours Involved
26. <b>Signatures:</b> Recommended By  Approved By  Approved By  Entered On Payroll Records	Foreman Date:

FPI Form 96 (9/98)

in partition

114.00

Inmate's Name: <u>Kevin Siggers</u>	Register Number: 51627-060
Institution Code: 231	Industry Code:MCFT
Job Description: <u>Industrial Cleaner</u>	Department: Production
Loads dumpsters and removes trash from th	reas including loading platform and outside rear of factory. roughout the factory. Removes off-fall from panel saws and nclude snow removal and material recycle. All other duties as
I have instructed inmate <u>Kevin</u>	Siggers Reg. No. 51627-060
in the proper procedures in which	to implement his assigned work detail, which
includes standard maintenance, sa	fety procedures, and routine use.
Chula Mal	4-27-01
Foreman	Date
I have received proper instruction	on on how to implement my job assignment. If
have any problem with implementin	g my assigned job, I am instructed to contact
my foreman immediately	
All the des	5/627660 4-26-01
Signature of Inmate	Register Number Date

Inmate's Name: SIGGE	RS, KEVIN	Register Number	r:51627-060
Institution Code:	231	Industry Code:	
		~ .	
Job Description: Borin	g Machine Operator (He	ori 1) Departmen	t: Assembly 1
Duties: Responsible for the			
holes in laminated particlebo duties as assigned in UNICO	ard. responsible for the c R	quantity and quality of all p	parts produced. All other
I have instructed inma	te SIGGERS	Reg. No.	ir
the proper procedures	in which to impl	ement his assigned	work detail, which
	_	_	
includes standard main	tenance, salety pr	ocedures, and routi	ne use.
Charland			JULY 13, 1999
Foreman			Date
have received proper	instruction on ho	w to implement my j	ob assignment. If I
ave any problem with :	implementing my as	signed job, I am in	structed to contact
y foreman immediately.			
/ / // // // / c	•		
Kann Duch	S1100	17-060	7-13-99
Signature of inmate	e Re	gister Number	Date

Inmate's Name: Sigger	s, Kevin	Register N	umber:	51627-060
Institution Code:	231	Industry C	ode:	MCFT
Job Description: Wood	working Shophand	Depai	ctment:	Lavun 1
	·	•	-	
Duties: Responsible for stac	ting aughioning and a		ourse local	with start starting
Responsible for visually inspe	ecting all materials bein			
duties as assigned in UNICO	R.			
I have instructed inma	te KEUINI L. Sigg	Ers Sa. Reg.	. No. 5/	627.060 in
the proper procedures				
	_		_	
includes standard main	tenance, safety p	rocedures, and	routine	use.
,) /				. 2 . 6 6
James .	······································		4-	12-99 Date
Oleman				Date
I have received proper	instruction on h	ow to implement	mv iob	assignment. If I
have any problem with		ssigned job, i a	am Instr	ucted to contact
my foreman immediately	•			
1 05 - 1				
Signature of Inmate	<u> </u>	5/627060 Register Number	_	4-/2-99 Date
Signature of Inmate		Register Number		Date

Case 1:03-cv-00368-SJM-SPB Document 79-26 Filed 02/02/2007 Page 14 of 81 FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - MCKEAN

P.O. BOX 8000

Phone #(814) 362-8900 Fax #(814) 362-4151 MEMORANDUM

DATE: September 30, 1999

REPLY TO:

ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses, These safety glasses may e kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost, Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6 - 29 - 00, and I agree to the above conditions.

Signature: Com L. S. qgens Sq.

Reg. Number: 5/627066

frosher trans

#### FACTORY RULES AND REGULATIONS

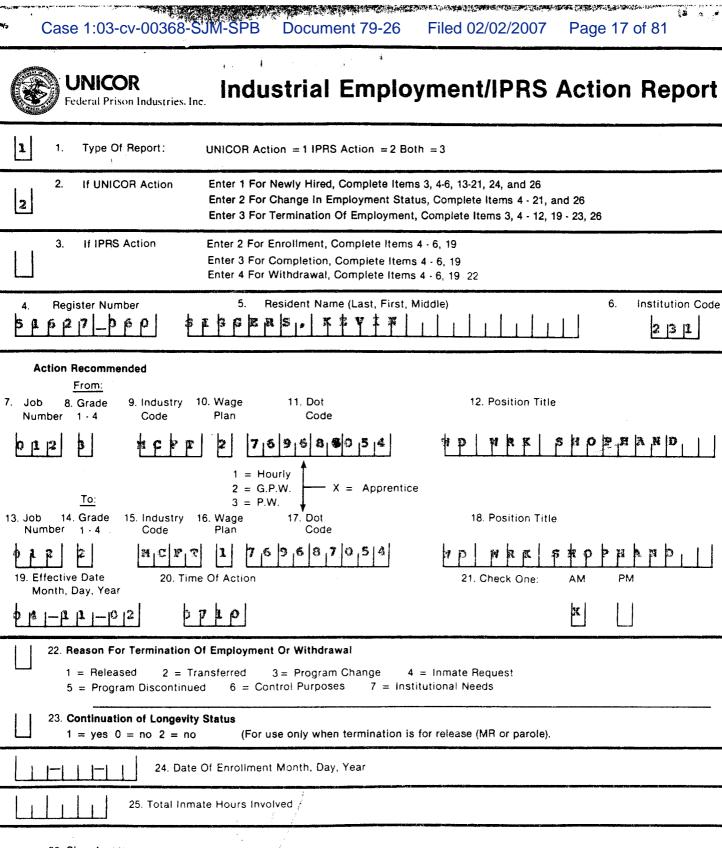
. 🖊			
	`		
NAME LEVIN L-Sico	ERS UNIT CA	LOCKER#	Curt
7/	<u> </u>	EOCKERII	CHI#

- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR 6. EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER 10. UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Register No: 5 (627060 Date: 6-29.00

INDITITION HODIO
FCI MCKEAN, PA
IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS
TO: ALL CONCERNED (1/2) LOUIT: CA DATE: 8/15/00
the inma
:NCE: List any restricted activity for medical reasons
Physician or Physician Assistant
DEFINITIONS AND INSTRUCTIONS  DEFINITIONS AND INSTRUCTIONS  DEFINITIONS Services, sick
call, visits and call outs. No recreation activity.  CONVALESCENT STATUS. ** Recovery period for operation, injury, or serious liness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work CONVALESCENT STATUS. ** Recovery period for operation, injury, or serious liness. Not less that the control of a state of the unit. RESTRICTED DUTY: Restricted from specific activities because of physical or mental handicap, work limitation and time period, either specific activities because of physical or mental handicap, work limitation and time period, either specific activities because of physical or mental handicap.
TOTALLY DISABLED—Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely. FULL BUTY—No work restrictions because of physical, medical or mental disability.



#### 26. Signatures:

Date: -

Entered On Payroll Records

White----

Placement

FPI Revised Form 96

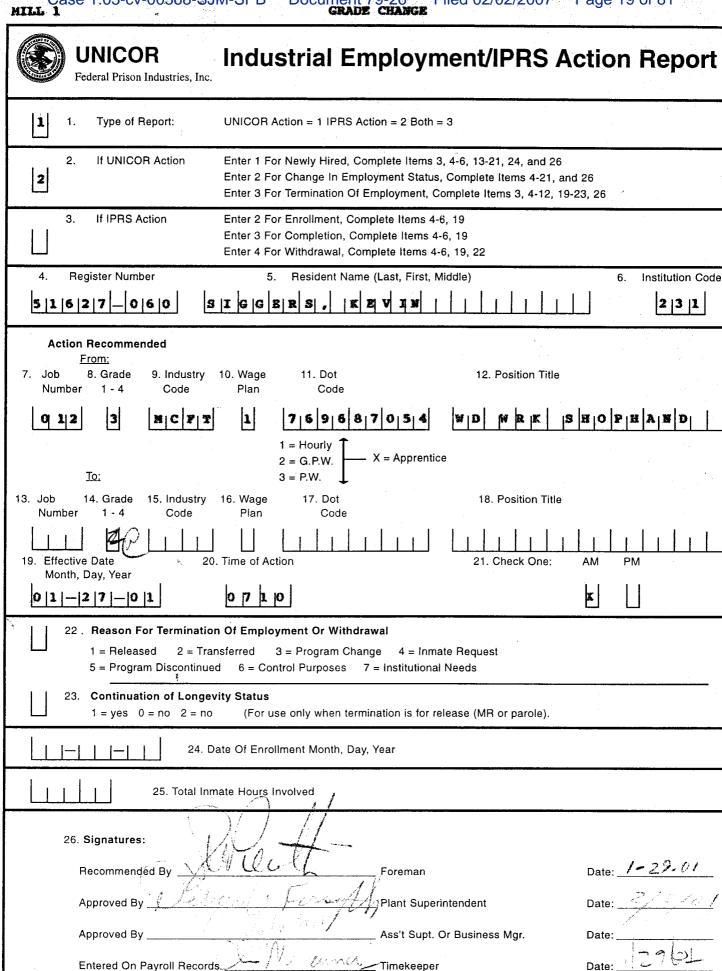
Distribution:

--- Business office



## Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2	2 Both = 3		
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26			
3. If IPRS Action Enter 2 For Enrollment, Complete Ite Enter 3 For Completion, Complete Ite Enter 4 For Withdrawal, Complete It	tems 4 - 6, 19		
4. Register Number 5. Resident Name (Last, Fir	st, Middle) 6. Institution Code		
Action Recommended			
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title		
मार्थ व विश्व र			
1 = Hourly 2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	ntice 18. Position Title		
19. Effective Date Month, Day, Year	21. Check One: AM PM		
	72		
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs			
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination)	n is for release (MR or parole).		
24. Date Of Enrollment Month, Day, Year			
25. Total Inmate Hours Involved			
26. Signatures:			
Recommended By	Foreman Date:		
Approved By	Plant Superintendent		
Approved By	Ass't Supt. Or Business Mgr. Date:		
Entered On Payroll Records	Timekeeper Date:		



FPI Form 96 (9/98)

		Carlot Control	
	•		
UN	ICOR		Industi

Federal Prison Industries, Inc.	L
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
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3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Cod  5 1 6 2 7 - 0 6 0 S I G G B R S , K B V I H	le
## Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code    O   1   2   4   M   C   F   T   1   7   5   9   6   8   7   0   5   4   M   D     M   R   K   S   H   D   P   H   A   M   D      O   1   2   4   M   C   F   T   1   7   5   9   6   8   7   0   5   4   M   D   M   R   K   S   H   D   P   H   A   M   D	
1 = Hourly 2 = G.P.W. 3 = P.W.  13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code  19. Effective Date Month, Day, Year  10 - 2 9 - 0 0  10 - 2 9 - 0 0  10 - 2 9 - 0 0  11 - Hourly 2 = G.P.W. 3 = P.W.	
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records  Foreman  Date: 1/3-07  Ass't Supt. Or Business Mgr.  Date: 1/4/63  Date: 1/4/63	

FPI Form 96 (9/98) Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

I have instructed Inmate:	Siggers, Kevin	Reg. No.	51627-060
in the proper operation of the	e: * CNC ANDI TRAINEE		
including safety procedures,	routine use, and standard maintenanc	e.	
		Chuc	k Nolan
		Fo	reman
		Date: _	2/18/03
		Dept: N	Aill 1

#### **INMATE**

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. \_ 5

7-18-02

#### FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

I have instructed Inmate

Reg. No.

51627-060

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

Siggers, Kevin

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	Industry Code: MCFT
#2.	-
Job Description: <u>Saw Operator (Z-32 Panel Saw)</u>	Department: Mill 1
Duties: Responsible for the proper set-up and safe oper particleboard for the fabrication of work surfaces, drawer for the quantity and quality of all parts produced. All other	ronts, end panels and other parts. Responsible
I have instructed inmate Siggers, Kevin	
the proper procedures in which to implement includes standard maintenance, safety procedures	
Foreman	Date
have received proper instruction on how to	implement my job assignment. If I
ave any problem with implementing my assign	ed job, I am instructed to contact
y foreman immediately.	7060 3-15-02
Signature of Inmate / Register	r Number Date

#### **CERTIFICATATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

I have instructed inmate:	Kevin Siggers	Reg. No: 51627-060
in the proper use of the:	Tennon Machine	
including safety procedure	es, routine use, and standard maintenance.	
		Chel Mo

Date: July 14, 2003 Department: Mill 1

#### **INMATE**

I have received the proper instructions on how to operate the above-mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. 5/62701

#### **FACTORY FOREMAN**

I am certain that the above inmate is qualified for operating the equipment listed above and that he understands the proper and safe procedures that are necessary for the operation of the equipment.

Factory Foreman

UNICOR Industrial Employment/IPRS Action Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
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4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7 0 6 0 SII G G E R S, K E V I N 1 1 2 3 1
Action Recommended
<u>From:</u> 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0   1   2   4   M   C   F   T   1   7   6   9   6   8   7   0   5   4     W   D     W   R   X     S   H   O   P   H   A   M   D
To:       3 = P.W.       ↓         13. Job       14. Grade       15. Industry       16. Wage       17. Dot       18. Position Title         Number       1 - 4       Code       Plan       Code
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
0 5 - 2 9 - 0 0 0 7 1 0
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:
Recommended By Chul - Melo Foreman Date: 7-3-30
Approved By Plant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records Timekeeper Date:

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

BP-S148.070 INMATE REQUEST TO STAFF MEMBER COFFRM UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS MR. PIGROTTA (Name and Title of Officer) State completely but briefly the problem on which you desire assistance and what you think should be done (Give details). Would like My Jod Changed to ical Boring Machine on the ASSEMBLY SPOKE to MR. NOLAN AND WAS HSSEMBLU (Use other side of page if more space is needed) IN C-Siggers Sr. NAME: NO.: 5/627-060 LAYUP I WORK ASSIGNMENT: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. Do not write in this space) 5-19-29 DATE のたいけはへの

## UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

	WORKERS
Na	ame: Keuin L. Siggens SR. Unit: 34 Locker# Chit#_
1)	INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUSTIMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE, INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
2)	ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3)	SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4)	HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH NOISE LEVEL AREAS.
5)	INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR
5)	INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMEN OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLE FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
Դ	OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARD IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
)	HORSE PLAY WILL NOT BE TOLERATED AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
)	DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE OTTHE FORKLIFT OR PALLET TRUCKS.
<b>a</b> )	REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAF
1)	ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
2)	ALL INMATE WORKERS ARE <u>PROHIBITED</u> FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
1)	THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
)	THERE WILL BE ABSOLUTELY <u>NO SMOKING</u> IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT
) !	WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
1 (	NMATES WHO RECEIVE A <u>DISCIPLINARY SEGREGATION</u> SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE AND SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
) [	NMATES WHO HAVE BEEN DISCIPLINARY TRANSFERRED FROM ANOTHER INSTITUTION SHALL BE PLACED ON THE NON- PRIORITY UNICOR WAITING LIST.

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND UNDERSTAND THAT DISREGARD FOR ANY OF THE ABOVE SHALL CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

## MEMORANDUM

F.P.I. MCKEAN, PA

DATE:

Y TO

N OF: Debora Forsyth, Factory Manager

TECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at they end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on fund 22,1999, and I agree to the above conditions.

Signature of Gum & ic

Name

Kavin C-Siggens SR

Reg. Number 5/627-060

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

gers, Kevin	_ Reg. No	51627-060
* CNC ANDI TRAINEE use, and standard maintenance	<del>.</del>	
		k Nolan reman
	Date: _	2/18/03
	Dept: 1	Mill 1
	* CNC ANDI TRAINEE	* CNC ANDI TRAINEE  use, and standard maintenance.  Chuc Fo  Date:

#### <u>INMATE</u>

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No.

#### 2-18-03

#### **FACTORY FOREMAN**

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

#### 07 Page 30 of 81

14

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

Inmate's Name: Siggers, Kevin	Registe	er Number	51627-060
Institution Code: 231	Industr	ry Code:	MCFT
	_		
Job Description: Router Operator T	<u>'rainee - CNC ANDI</u> D	epartment:_	Mill 1
Duties: Responsible for learning the properties of the properties of the properties of the quantity in UNICOR.	perator to cut slats, groove	s, designs or r	ecesses in laminated
I have instructed inmate Siggers	s, Kevin	Reg. No	51627-060 ir
the proper procedures in which	to implement his a	ssigned wor	k detail, which
includes standard maintenance, s	safety procedures, a	nd routine	use.
Chair Mul		_ 2 -	78-63
Foreman			Date
have received proper instructi	on on how to implem	ent my job	assignment. If I
nave any problem with implementi			
my foreman immediately.			
My Kunt Sign Ar	51627060		2-18-03
#jgndture of Inmate	Register Number	r	Date

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	Industry Code: MCFT
Job Description: Woodworking Shophand	Department: Production
	ng: cutting, cleaning, moving, storing or assembling. May loads machines and fill in where needed. Responsible for other duties as assigned in UNICOR.
I have instructed inmate <u>Siggers, K</u>	evin Reg. No. <u>51627-060</u>
in the proper procedures in which to	implement his assigned work detail, which
includes standard maintenance, safet	y procedures, and routine use.
Charles Mula	7-10-03
Foreman	Date
I have received proper instruction of	n how to implement my job assignment. If 1
have any problem with implementing m	y assigned job, I am instructed to contact
my foreman immediately.	
Signature of Inmate	5/627060 7-6-00 Register Number Date
	nagazoor nambor Date

1.50



## UNICOR Industrial Employment/IPRS Action Report

Pederal Prison industries, inc.				
1 1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3				
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26				
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22				
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5 1 5 2 7 0 5 0 5 1 5 1 5 2 7 0 5 0 5 1 5 1 5 2 7 0 5 0 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5				
Action Recommended				
From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code				
012				
2 = G.P.W. X = Apprentice				
To: 3 = P.W. ↓  13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title  Number 1 - 4 Code Plan Code				
012         4         1         7,69637054         切り 取民民 S 可 0 日 4 月 1 月 1 月 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1				
Month, Day, Year  0 4 - 2 2 - 9 1 0 7 1 1				
22. Reason For Termination Of Employment Or Withdrawal				
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:				
Recommended By Foreman Date: 4/3-29				
Approved By Plant Superintendent Date:				
Approved By Ass't Supt. Or Business Mgr. Date:				
Entered On Payroll Records Timekeeper Date:				

FPI Revised Form 96

Distribution:

White------ Business office Canary----- Terminal operator

Pink------ Placement



## Industrial Employment/IPRS Action Report

3 1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
<del> </del>	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change in Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
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4. Register Number 5 1 6 2 7 0 6 0 5	5. Resident Name (Last, First, Middle) 6. Institution Code 耳ら日子耳らり 本男 マエオ 1 2 3 1
Action Recommended	
7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	. Wage 11. Dot 12. Position Title Plan Code
9 1 2 3 2 7 9 7	7 6 9 6 8 7 Q 5 4 N N N N N N N N N N N N N N N N N N
	1 = Hourly 2 = G.P.W. X = Apprentice
<u>To:</u> 13. Job 14. Grade 15. Industry 16. Number 1 4 Code	3 = P.W. ↓ . Wage 17. Dot 18. Position Title
	Plan Code
19. Effective Date 20. Time (	Of Action 21. Check One: AM PM
7 7 7 7 9 9	7 4 9
22. Reason For Termination Of	Employment Or Withdrawal
1 = Released 2 = Tran 5 = Program Discontinued	
23. Continuation of Longevity S 1 = yes 0 = no 2 = no	itatus (For use only when termination is for release (MR or parole).
24. Date O	f Enrollment Month, Day, Year
25. Total Inmate	e Hours Involved
26. Signatures:	6.11.12.4
Recommended By	Foreman Date:
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
I Rowsod Form 96	White Business office Green

Distribution:

White------ Business office Canary------ Terminal operator

Pink------ Foreman

Confidence and the property of th

UNICOR   Industrial Employment/IPRS A	ction Report			
1 1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3				
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4. Register Number 5. Resident Name (Last, First, Middle)  β   1   6   2   7     0   6   0     S   I   G   G   E   R     S	6. Institution Code			
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code				
1 = Hourly 2 = G.P.W. 3 = P.W.  13. Job 14. Grade 15. Industry 16. Wage Plan Code 18. Position Title 18. Position Title 2. Code 19. Code 1	MIACH JOPER.			
	AM PM			
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23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:  Recommended By Foreman	Date:			
Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.	Date:			
Entered On Payroll RecordsTimekeeper	Date:			

FPI Revised Form 96

Distribution:

## Production Worker's Training Record

(CHECKLIST) for

Inmate Name	Siggers	Keuin	Reg. Number	51627-060
	,			
1.) I have had a de	partment orientation	by my department superv	visor.	
2.) I have read and	understand the Fact	ory Rules and Safety Reg	ulations.	
3.) I have read and	understand the depart	artment procedures for my	assigned area.	
4.) I have participa	ted in the 3 credit hr	s., Industrial Familiarizati	ion Class.	
5.) Have had on the	ne job training with a	an experienced production	ı worker.	
6.) I have read and	understand my Job	Description.		
7.) Lhave been inst	ructed on the MSDS	center in the Unicor Fact	tory.	
8.) I have familiarize and the role I pla	zed myself with ISO	O-9001-2000 standards, U	Inicor McKeans Q.	M.S.,
		**************************************		
Mak cuit	Does	S1627010	6	-/6-73
/ Inmate Signature	& Reg. Number	<u> </u>		Date
Charl in	me		6-10	6-03
Woodworking Sup	pervisor Signature		·	Date

TITLE: TRAINING P	25022	<del></del>			
_		CONTROL NO.	1403	DATE:	6/11/03
Production - UNICOR MCKEAN	REV:	Original	Issue		1 OF 1

### Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

•		
Inmate's Name: Siggers, Kevin	Register Number: 51627-060	_
Institution Code: 231	Industry Code: MCFT	
	-	
Job Description: Wood Working Shophan	nd Department: Mill 1	
don bescription: Wood Working Shophan	d Department. Will 1	
	The Market of th	
also inspect parts for blemishes or defects. Off	ng: cutting, cleaning, moving, storing or assembling. May loads machines and fills in where needed. Responsible for	
the quantity and quality of all parts handled. Al	Il other duties as assigned in UNICOR.	
I have instructed inmateSiggers,	Kevin Reg. No. 51627-060 i	n
the proper procedures in which to	implement his assigned work detail, which	ch
· · · · · · · · · · · · · · · · · · ·	·	
includes standard maintenance, safet	ty procedures, and routine use.	
. \ 11N - 17		
anall Owoth	9-20-00	
Foreman	Date	
(		
have received proper instruction o	on how to implement my job assignment. If	İ
have any problem with implementing m	my assigned job, I am instructed to contac	ː٤
/		
ny foreman immediately.		
	2/6270/0 3-2-5	
Signature of Inmate	Register Number Date	
<i>n</i> -	<del>-</del>	

2 1. Type of Report UNICOR Action = 1 IPRS Action = 2 Both = 3	
2 If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	•
2 3. If IPRS Action Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22	
4. Registration Number       5. Resident Name (Last, First, Middle)       6. Institution         5 1 6 2 7 - 0 6 0       S I G G E R S K E V I N	
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code  O 1 1 2 M C F T 1	
3 = P.W.  13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title  Number 1 - 4 Code Plan Code  O 1 4 2 M C F T 1 2 2 1 1 6 7 0 1 4 M A T E R I A L C O O R D I N  19. Effective Date Month, Day, Year  0 4 - 0 7 - 0 5 0 7 1 0	_
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Fregram Discontinued 5 = Central Purposes 2 = Industrian Mode.	Ole green a
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved ,	
26. Signatures:  Recommended By Foreman Date: 4-7-05	
Approved By Plant Superintendent Date:  Approved By Ass't Supt. Or Business Mgr. Date:  Entered On Payroll Records Date:	- -

FPI Form 96 (9/98)

Distribution:

1. Business Office

2. Terminal Operator

3. Placement

4. Foreman

## **UNICOR McKean** Federal Prison Industries, Inc. **Federal Correctional Institution** McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin	Register Numb	per: 51627-060
Institution Code: 231		e: MCFT
Job Description: Woodworking Shop	phand (LAKOR) Departm	ent: <u>Mill 1</u>
Duties: Performs any combination of the for also inspect parts for blemishes or defects. the quality and quantity of all parts handle	Off loads machines and fills in wh	ere needed. Responsible for
I have instructed inmate Sigge in the proper procedures in which		
includes standard maintenance, s	safety procedures, and rou	g /24/6/
Foreman  I have received proper instruct:	ion on how to implement my	Date
have any problem with implements my foreman immediately.	ing my assigned job, I am	instructed to contact
My distance.	51627-060	8/24/01
Signature of Inmate	Register Number	Date

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

Reg. No.

51627-060

I have instructed Inmate Siggers, Kevin

in the proper operation of the:	PANEL SAW Z-32 (SCMI)	
including safety procedures, routin		and level
		Foreman
		Date: 1-3/-02
		Dept: Mill 1
	INMATE	
I have received the proper instruct	tions on how to operate the above	e mentioned equipment. In case of a
situation in which I have little or	no knowledge about this occur	rrence, I am to contact my Foreman
immediately to rectify any problem	ns.	•
		May Kuy Diggs Signature of Inmate
		Reg. No. <u>\$7627060</u>
		Reg. No. <u>\$1627060</u>
	EACTODY EODEMAN	

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevi	n Regist	er Number:51627-060	
Institution Code: 231		ry Code: MCFT	
			_
NUMBER 2	-		
Job Description: <u>Saw Operator (Z-</u>	32 Panel Saw)	Department: Mill 1	
			3665 <sup>1</sup>
Duties: Responsible for the proper set particleboard for the fabrication of work			
for the quantity and quality of all parts p			
I have instructed inmateSig	gers, Kevin	Dog No. 51627-060	
the proper procedures in which	n to implement his a	assigned work detail, whic	:h
includes standard maintenance,	safety procedures, a	and routine use.	
\.\D\			
NI CONT		1/-13-0]	
Foreman	•	Date	
ì			
I have received proper instruct	ion on how to implem	ment my job assignment. If	Ι
nave any problem with implement	ing my assigned job,	I am instructed to contac	:t
my foreman immediately.			
	Euranin	1/-1> 41	
Signature of Inmate	S 1627060 Register Numbe	//-/}-d/ er Date	
b-Americ or Timare	regiscer nume	Date	

Case 1:03-cv-00368-SJM-SPB PRODUCTION-1 JOB CHANGE

RODUCTION-I	000 01111102
UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Action Report
2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22
4. Registration Number	5. Resident Name (Last, First, Middle) 6. Institution Code
5   1   6   2   7   -   0   6   0	S     G   G   E   R   S
	SIGGERS KEVIN
Action Recommended	I ILL OUT
<u>From:</u> 7. Job 8. Grade 9. Industry	•
Number 1 - 4 Code   O 1 1   2   M C F T	Plan Code  1   6 6 7 6 8 2 0 2 2   P A N E L   S A W   O P E R A T
0 1 1 2 M C F T	
	1= Hourly
	2= G.P.W.
<u>To:</u>	•
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot 18. Position Title Plan Code
O 1 4   2   M C F T	1   2   2   1   1   6   7   0   1   4   M   A   T   E   R   I   A   L   C   O   O   R   D   I   N
19. Effective Date	20. Time of Action \ 21. Check One: AM PM
Month, Day, Year	
0 4 - 0 7 - 0 5	0 7 1 0
22. Reason For Termination O  1 = Released 2 = To	f Employment Or Withdrawal  ansferred 3 = Program Change 4 = Inmate Request  Some Spekel Programs Assessment Assessment Spekel Programs Assessment Assess
23. Continuation of Longevity	Status
1 = yes 0 = no 2	
24	l. Date Of Enrollment Month, Day, Year
25. Total Inm	ate Hours Involved
26. Signatures:  Recommended By	Foreman Date: 4-7-05
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
	1 1. Mar agrain
Entered On Payroll Record	S Date: 4 100

FPI Form 96 (9/98)

Distribution:

1. Business Office

2. Terminal Operator

3. Placement

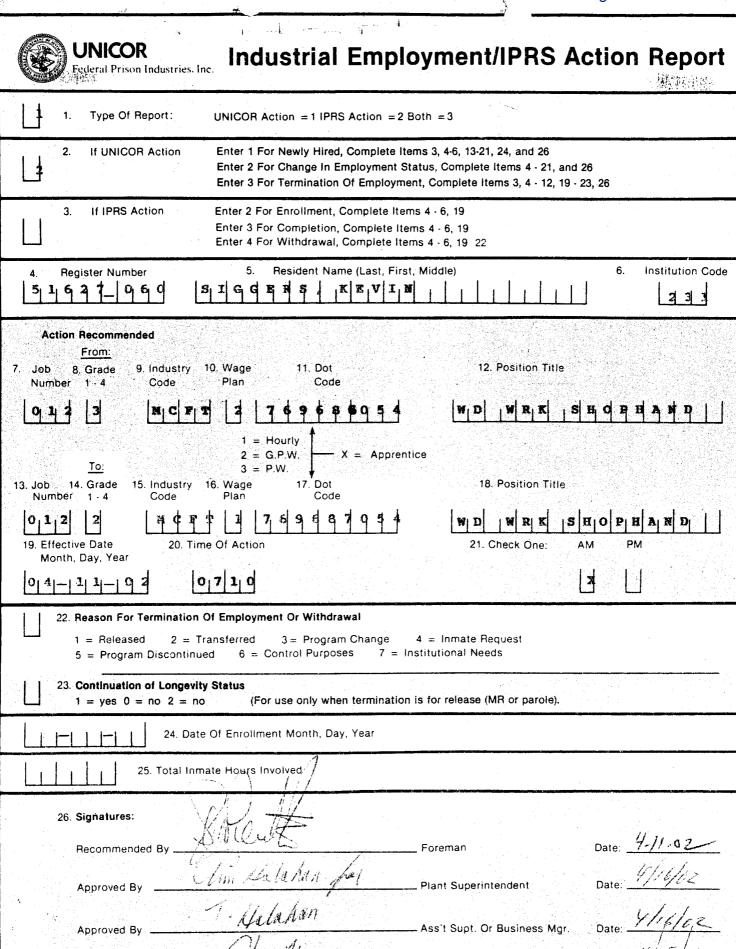
4. Foreman

中国教徒, 2000年 1000年 1000年

UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Action Report
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number  5 1 6 2 7 - 0 6 0	5. Resident Name (Last, First, Middle) 6. Institution Code  5 I G G E R S K E V I N 2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot 12. Position Title Plan Code
To:  13. Job 14. Grade 15. Industry Number 1 - 4 Code	1
Month, Day, Year	D. Time of Action 21. Check One: AM PM    M   C   F   T
1	on Of Employment Or Withdrawal  ansferred 3 = Program Change 4 = Inmate Request ed 6 = Control Purposes 7 = Institutional Needs  vity Status
	Date Of Enrollment Month, Day, Year
25. Total In	mate Hours Involved
26. Signatures:  Recommended By  Approved By  Approved By  Entered On Payroll Recognition	Foreman Date: 1-12-03  White My Plant Superintendent Date: 1/12/04  Ass't Supt. Or Business Mgr. Date: 1/12/04  Timekeeper Date: 1-13-04

Federal Prison Industries, Inc.  Industrial Employment/IPRS	Action Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and Enter 2 For Change In Employment Status, Complete Items 4-2 Enter 3 For Termination Of Employment, Complete Items 3, 4-12	1, and 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle)  5. 1 6 7 8 8 8 8 8 8 8 8 8 8 8 8 9 8 9 9 9 9 9	6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position T Number 1 - 4 Code Plan Code	itle /
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	SHOPHAND
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position 7 Number 1 - 4 Code Plan Code	Title
19. Effective Date 20. Time of Action 21. Check One	e: AM PM
Month, Day, Year  1 2 - 1 9 - 0 3  0 7 1 0	x
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole	·).
—     —   24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:  Recommended By Foreman  Approved By Plant Superintendent	Date: 13-19-03  Date: 12/19/62
Approved By Ass't Supt. Or Business Mgr.  Entered On Payroll Records Fimekeeper	Date: 12/19/03

FPI Form 96 (9/98)



**Entered On Payroll Records** 

Date:

Timekeeper



# **UNICOR**

Federal Prison I	ndustries. Inc.	iuusiiiai	Employi		Action Repor	L
1. Type Of Re	port: UNIC	OR Action = 1 IPRS	Action = 2 Both =	= 3		<del>-</del>
2. If UNICOR	Ente	r 2 For Change In Er	mployment Status,	4-6, 13-21, 24, and 26 Complete Items 4 - 21, emplete Items 3, 4 - 12,		
3. If IPRS Act	Ente	2 For Enrollment, C r 3 For Completion, r 4 For Withdrawal,	Complete Items 4 -	6, 19		
4. Register Number 5   1   6   2   7   0   6		5. Resident Nam	ne (Last, First, Midd	ile)	6. Institution Co	ode
17、11、11、11、11、11、11、11、11、11、11、11、11、1	d Industry 10. Wa Code Plai			12. Position Tit	le.	
<u>To:</u>		3 = P.W. ge 17. Dot	0 5 4  C = Apprentice	MP Y X X	<b>** ** ** ** ** ** ** **</b> ** ** ** ** **	
0 1 2 3 19. Effective Date Month, Day, Year 0 3 -1 1 -0 2	20. Time Of A	ction	0  5  4	WID HRK, 21. Check One:	S R O P H A N D	
		loyment Or Withdra				
1 = Released 5 = Program	2 = Transfer Discontinued	red 3 = Program 6 = Control Purpos		Inmate Request ional Needs		
23. Continuation of 1 = yes 0 =			n termination is for	release (MR or parole)	).	
	24. Date Of En	rollment Month, Day	, Year			
25	i. Total Inmate Ho	urs Involved				
26. <b>Signatures:</b> Recommended  Approved By	o by fill w	automa (1. Vo	For Plan	eman nt Superintendent	Date: 3-21-02	
Approved By	_ lin	Mala har	Ass	't Supt. Or Business M	1gr. Date: 2/22/6-2	2 (1) 1
Entered On Pa	ayroll Records	LAlina	enart Tim	ekeeper	3/2,/CZ	
FPI Revised Form 96	Distribution:		usiness office	Green		

UNICOR Industrial Employment/IPRS Action Report
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  5   1   6   2   7   - 0   6   0   S   I   G   G   B   R   S   ,   K   E   V   I   N
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code
0 1 2 3 MCFT 1 7 6 9 6 8 7 0 5 4 W D W R K S B O P H A M D   X = Apprentice  To:  X = Apprentice
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title  Number 1 - 4 Code Plan Code
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
0   1   -  2   7   -  0   1
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
-     -     24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records  Approved By  Timekeeper  Date: 12901  Date: 2701  Date: 2701

FPI Form 96 (9/98)



## **UNICOR**

Federal Prison Industries, Inc.	L
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Co	de
5 1 6 2 7-0 6 0 S IG GE RS , KE V  H    2 3 1	
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code	
0 1 2 4 M C F T 1 7 5 9 6 8 7 0 5 4 W D W R K S H O P H A N D   1 = Hourly 2 = G.P.W. 3 = P.W.	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code	
O   1   2   3   M   C   F   T   3   7   6   9   6   8   7   0   5   4     W   D     W   R   K   S   H   O   P   H   A   N   D      19. Effective Date Month, Day, Year   20. Time of Action   21. Check One: AM   PM   PM   PM   PM   PM   PM   PM	
1 0 - 2 9 - 0 0	
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
-     -   24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records  Approved By  Ass't Supt. Or Business Mgr.  Date: 10.13-00  Ass't Supt. Or Business Mgr.  Date: 10.14-00  Dat	

FPI Form 96 (9/98)

Distribution: White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

UNICOR Industrial Employment/IPRS Action Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Cod
5 1 6 2 7 0 6 0 SIGGERS, KEVIN   2 3 1
Action Recommended  From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title
Number 1 - 4 Code Plan Code
0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D
$ \begin{array}{ccc} 1 &= & \text{Hourly} \\ 2 &= & \text{G.P.W.} \\ \hline   & & & \\ \end{array} $ $X = \text{Apprentice}$ $3 &= & \text{P.W.}$
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title  Number 1 - 4 Code Plan Code
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
0 6 - 2 9 - 0 0
22 . Reason For Termination Of Employment Or Withdrawal
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
—     —   24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:
Recommended By Chul - Note: 7-3-00
Approved By Chuh - Note: 7-3-00  Approved By Approved
Approved By 1-HaliMir Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records 1 Management Timekeeper Date:

FPI Revised Form.96 October 1, 1982

Distribution:

Entered On Payroll Records

White-

**Business office** Terminal operator

Timekeeper

Date:

FPI Revised Form 96 October 1, 1962 Distribution:

Entered On Payroll Records

White----- Business office Canary----- Terminal operator

1 = Hourly 2 = G.P.W. X = Apprentice To: 3 = P.W	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	18. Position Title
0 1 2 4 P 1 1 7 6 9 6 8 7 0 5 4  19. Effective Date Month, Day, Year  20. Time Of Action	WD WRK SHOPHAND 21. Check One: AM PM
0 4 - 2 2 - 9 9 0 7 1 0	
· ·	= Inmate Request autional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is f	or release (MR or parole).
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	// 200
A Company of the American Amer	ant Superintendent Date: 4-13-99  Date: 4-13-99  Date: 4-13-99
	ss't Supt. Or Business Mgr. Date: (///2/90)
	mekeeper Date: H113199
Pl Revised Form 96 Distribution: White Business office Canary Terminal operator	GreenPlacement Pink Foreman



# Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3		· · · · · · · · · · · · · · · · · · ·		
Enter 2 For Change In Employment Status. Complete Items 4 - 21, and 28 Enter 3 For Termination of Employment, Complete Items 3, 4 - 12, 19 - 23, 26  3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 Enter 4 For Withdrawal  1 = Hourity 2 = 6 FW 3 = 0 FW 3 = PW 1 = Hourity 2 = 6 FW 3 = PW 1 = Hourity 2 = 6 FW 3 = PW 1 = Hourity 3 = PW 1 = Hourity 4 = Apprentice 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinue 6 - Control Purposes 7 = Institutional Needs  2 = Control Purpose 7 = Institutional Needs  2 =	1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both	= 3	
Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22  4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 9 14 2 1 0 4 0 1 1 1 Dot 12 Position Title Number 1 4 Code 9 Plan Code  1	2. If UNICOR Action	Enter 2 For Change In Employment Status,	Complete Items 4 - 21, and 26	
Action Recommended From 7. Job 8, Grade 9. Industry 10. Wage 11. Doi: 12. Position Title Number 1 - 4 Code Plan Code  13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title 19. Effective Date 20. Time Of Action 21. Code Plan Code  22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).  25. Total Inmate Hours Involved  26. Signatures:  Recommended By Approved By Approved By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Date 2/2. 1/99  Entered On Payroll Records Amadum Timekeeper Date 3/2. 1/99  Entered On Payroll Records Timekeeper Date 3/2. 1/99  Entered On Payroll Records Timekeeper Date 3/2. 1/99  Entered On Payroll Records Timekeeper Date 3/2. 1/99	1 1 3	Enter 3 For Completion, Complete Items 4	- 6, 19	
7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 4 Code Plan Code  1 = Hourly 2 = G.P.W. X = Apprentice  3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title  19. Effective Date Month, Day, Year  22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).  24. Date Of Enrollment Month, Day, Year  25. Total Inmate Hours Involved  26. Signatures:  Recommended By Approved Records Amadum Timekeeper Date: 3/25/99  Entered On Payroll Records Amadum Timekeeper Date: 3/23/99  Entered On Payroll Records			dle) 6.	Institution Code
1 = Hourly 2 = G.P.W.	From: 7. Job 8. Grade 9. Industry 1		12. Position Title	
Month, Day, Year    22. Reason For Termination Of Employment Or Withdrawal   1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request   5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs   23. Continuation of Longevity Status	<u>To:</u> 13. Job 14. Grade 15. Industry 1	1 = Hourly 2 = G.P.W. X = Apprentice 3 = P.W. 6. Wage 17. Dot		ANDI
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).  24. Date Of Enrollment Month, Day, Year  25. Total Inmate Hours Involved  26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Date: 3/25/99  Entered On Payroll Records  Entered On Payroll Records  Timekeeper  Date: 3/23/99	Month, Day, Year	Of Action	21. Check One: AM PM	
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).  24. Date Of Enrollment Month, Day, Year  25. Total Inmate Hours Involved  26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Date: 3/25/99  Entered On Payroll Records  Limit Mallamman  Timekeeper  Date: 3/25/99	1 = Released 2 = Tra	ansferred 3 = Program Change 4 =	·	
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Date: 3/25/97  Entered On Payroll Records  Limit Mathematical Timekeeper  Date: 3/23/99			r release (MR or parole).	
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Date: 3/25/99  Entered On Payroll Records  Limit Mullim Management  Timekeeper  Date: 3/23/99	24. Date	Of Enrollment Month, Day, Year		<i>i</i>
Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Date: 3/25/99  Entered On Payroll Records  Chi Mulliman Timekeeper  Date: 3/25/99  Date: 3/23/99	25. Total Inma	ite Hours Involved		
Approved By Ass't Supt. Or Business Mgr. Date: 3/25/99  Entered On Payroll Records Chamber Timekeeper Date: 3/23/99		apelle to For	eman Date:	3-99
		Will have		3/25/99
	Entered On Payroll Record	ds Chi Muranair Tim		3/23/99

FPI Revised Form 96 October 1, 1982

Distribution:

White----- Business office Canary----- Terminal operator

Filed 02/02/2007 Page 53 of 81

जिल्लामा

NOTE: THIS FORM MUST BE SU TTED 2 WEEKS IN ADVANCE.



	REQUEST FOR	INMATE VACATIO	N	aft.	36.12
Mill-1				September 6,	2005
( DEPARTMENT )				(DATE)	2003
(				<b>\</b> = ,	•
AME. SICCEDS KEVIN				51627-060	
AME: SIGGERS, KEVIN (LAST)	(FIRST)	<del></del>	( RE	GISTRATION NUMBER)	
(=.5.)	(,,,,,,	000	V	,	
	E	ILE COP	f.		
I REQUEST TO TAKE 2 DAY(S	S) OFF!	/ S	STARTING (	DN: September 26	, 2005
			Name of the second	(DATE)	
	AWARD DAYS ?	(NQ)			
I REQUEST TO CASH IN MY VACATIO	N: (O YES)	(⊚ NO)			
(MUST BE ANNIVERSARY DATE)	(6	er n	j		
A. A.		γ <i>//</i> .			
INMATES SIGNATURE:	No.	Sp 11		***************************************	
AV III		,			
MAH	APPRO	OVED BY:		and by	
			1.	( DEPARTMENT HEAD )	
(WORK SUPERVISOR)				(DEPARTMENT HEAD)	
THE ABOVE NAMED INMATE STARTE	D UNICOR ON:	January 12	2, 2004	_, AND HAS ACCUM	ULATE
36.15 HOURS VACAT	ION. AND	0.00	_AWARD	HOURS.	
************************************	36.15	BEGINNING HOU	 RS.	· ]	
		AWARD HOURS U		i	
			JSED.	i	
<u> </u>	36.15	ENDING HOURS.			
·				)	
COMPUTED BY: Glen Rencher		REVIE	WED BY:		
(TIMEKEEPER)			-	(ASCOUNTANT)	
APPROVED:		DISAPF	PROVED:	· ·	
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* * * PLEAS	E STATE REASC	NS WHY IF DISAF	PROVED.	<del></del>	
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SIGNATURE: 1/Malana	n fil				
( Superintender	nt of industries)				

CC: INMATE (1)

FACTORY OFFICE (1) **BUSINESS OFFICE (2)**  NOTE: THIS FORM MUST BE : MITTED 2 WEEKS IN ADVANCE.



# U.S. Department of Justice UNICOR Federal Particular Inc. 43:3

#### **REQUEST FOR INMATE VACATION**

				_\
Mill-1				July 18, 2005
( DEPARTMEN	NT)		<del></del>	(DATE)
	S, KEVIN	RST)		1627-060 RATION NUMBER )
(0	(1)	(01)	( REGISTI	WHON NOMBER)
REQUEST TO TA	AKE1DAY(S) OF	F!	STARTING ON: _	July 26, 2005
#3_ #3	AWA	RD DAYS ? (NO)		
	NIVERSARY PATE)	O YEST (@ NO	, FILE C	OPY
M (WORK SU	PERVISOR)	APPROVED BY:		SO WIM A
THE ABOVE NAME <b>43.30</b>	ED INMATE STARTED UN HOURS VACATION.	<del></del>	u <b>ary 12, 2004</b> , AN	D HAS ACCUMULATE
+3.30	POURS VACATION.	AND 0.00	AWAND 11001	<b>NO</b> .
	4	13.30 BEGINNIN	NG HOURS.	
		0.00 AWARD H	IOURS USED.	
		13.30 ENDING F	IOURS.	
COMPUTED BY: _	Glen Rencher (TIMEKEEPER)	·	REVIEWED BY:	DUNTANT
	APPROVED:		DISAPPROVED:	
	* * * PLEASE STA	ATE REASONS WHY I	IF DISAPPROVED. * * *	
IGNATURE:	( Clabalian	- 1		
<del></del>	( Superintendent of Inc			
C: INMATE (1)				

FACTORY OFFICE (1) BUSINESS OFFICE (2)

F.P.I Form 39

U.S. DEPARMENT OF JUSTICE INMATE REQUEST TO STAFF MEMBE Pederal Bureau of Prisons DATE: 4-14-05 TO: Mr. COOK (Name and title of officer) Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details Would like to work IN MIII
TES DEPT." ON the first TARIE. KEE THANK YOU. SIGHERS KEUIN No.: 5/627060 Work assignment: \_ NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. DISPOSITION: (Do not write in this space) DATE: PROB. 1 TO MICCI OR WITH MI 5/5/05 Chense 4-14-05 EFFECTIVE 4-19-05 U-14-05

Case 1:03-cv-00368-SJM-SPB Document 79-26
NOTE: THIS FORM MUST BE SMITTED 2
WEEKS IN ADVANCE.

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	REQUEST FOR ITALIANE VI	TAID.
DEPARTMENT		10/18/01 POU 30:00
5161	one Kevin	51627060
NAME: LAST		REGISTRATION NUMBER
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*I REQUEST TO WORK MY VA (MUST BE ANNIVERSARY DA INMATES SIGNATURE	CATION AND RECEIVE PAY IN LIEU (	OF TAKING THE DAYS OFF
APPROVED BY:		APPROVED BY:
WOLKSUPERVISOR		DEPARTMENT HEAD
BUSINESS OFFICE:		
THE ABOVE NAMED INMATE  HAS ACCUMULATED <u>\$10.00</u> ;  AT <u>7:/5</u> BAY PER MONTH  (1/2) (1)	HAS BEEN EMPLOYED IN INDUSTRIES  AY  YAY  YAY  YAY  YAY  YAY  YAY  YA	S SINCE , AND  IS PRESENTLY BEING EARNED
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_/N		-1 Natalul Jul
TIMEREPER	ACCOUNTANT	SUPERINTENDENT,
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		·

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST B	E ( )IITTED 2	Filed 02/02/2007 Page 5 U.S. Depa	7 of 81 artment of Justice
WEEKS IN ADVANCE.		Federal Pri	OR son Industries, Inc.
	REQUEST FOR INMATE V	ACATION S	3/19
PO I DEPARTMENT		8/17/04 DATE	37:15
NAME: LAST	GGERS KEUIN FIRST	5/607060 REGISTRATION NUMBER	<u> </u>
I REQUEST VACATION FROM_	9/24 to 9/28	2 days	
*I REQUEST TO WORK MY VAC (MUST BE ANNIVERSARY DAT INMATES SIGNATURE)	CATION AND RECEIVE PAY IN LIEU (FE).	OF TAKING THE DAYS OFF	
APPROVED BY:		APPROVED BY:	
WORK SUPERVISOR	· <u>«</u>	DEPARTMENT HEAD	
ه سر د میسید	HAS BEEN EMPLOYED IN INDUSTRIE AY(S) VACATION. VACATION CREDI	/	
COMPUTED BY:	REVIEWED BY:	FINAL APPROV	VED BY:
TIMEKEEPER	ACCOUNTANT	SUPERINTENDE	11
UNIT TEAM ACTION:	APPROVED:	DISAPI	PROVED
		PLEASE STATE R DISAPPROVED.	EASONS WHY IF
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SIGNATURE\_

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SRB \* Document 79-26 Filed 02/02/2007 Page 58 of 81

NOTE: THIS FORM MUST BE SULLITED 2 WEEKS IN ADVANCE.



	REQUEST FOR INMATE V	ACATION	
MIII T DEPARTMENT		// //3/03 DATE	37:30
51666PS	KEVIN	51627-060	
NAME: LAST	FIRST	REGISTRATION NUMBER	
I REQUEST VACATION FROM_ *I REQUEST TO WORK MY VAC (MUST BE ANNIVERSARY DAT	CATION AND RECEIVE PAY IN LIEU (CE).	OF TAKING THE DAYS OFF	<u> 4</u> 37:30
INMATES SIGNATURE	H.		
APPROVED BY:		APPROVED BY:	
WORK SUPERVISOR	_	DEPARTMENT HEAD	
	HAS BEEN EMPLOYED IN INDUSTRIE		
COMPUTED BY:	REVIEWED BY:	FINAL APPROVE	D BY:
		Wilde	1111 11
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	1
UNIT TEAM ACTION:	APPROVED:	DISAPPR PLEASE STATE RE. DISAPPROVED.	ASONS WHY IF
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SIGNATURE			

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE STO TITED 2

WEEKS IN ADVANCE.



#### REQUEST FOR INMATE VACATION

Federal Correctional Institution Ray Brook, NY 12977

MIII 7 DEPARTMENT		6/2/63 DATE 6/16
S166	ERS KEUIN LAST FIRST	5/627-060 52:30
NAME:  I REQUEST VACATION F  *I REQUEST TO WORK N	FROM	REGISTRATION NUMBER  IN LIEU OF TAKING THE DAYS OFF $52'30$ (AS H
MUST BE ANNIVERSAL MATES SIGNATURE	RY DATE).	
APPROVED BY:	<b>?</b>	APPROVED BY:  CALLAM  DEPARTMENT HEAD
BUSINESS OFFICE: THE ABOVE NAMED INM HAS ACCUMULATED 5. AT 7:30 DXX PER M (1/2) (1)		idustries since 6/25 19 <sup>2-660</sup> , and on credit is presently being earned
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER	ACCOUNTANT	SUPÉRINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SPB Document 79-26

NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

Filed 02/02/2007 Page 60 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

#### REQUEST FOR INMATE VACATION

DEDADTMENT			6.200	7:30 1V.
DEFARIMENT			DATE	7:30 10.
1000	,	Kauin		
	LAST	FIRST	REGISTRATION NUMBER	
MANE.	LASI	FIRST	REGISTRATION NUMBER	
REQUEST VACAT	ION FROM Z-	то 7-6	#9a	
		N AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF	
(MUST BE ANNIVE	ERSARY DATE).			
INMATES SIGNATU	IRE /			
$ \wedge$ $\wedge$	1			
APPROVED BY:			APPROVED BY:	
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WOŔŔ <b>Ś</b> UPERVISOŔ	$\sim$		DEPARTMENT HEAD	
BUSINESS OFFICE:			,	
			6/29 3-4	
THE ABOVE NAME		EEN EMPLOYED IN INDUSTI		
THE ABOVE NAME	ED C DAY(S)		RIES SINCE 6/29 20, AND DIT IS PRESENTLY BEING EARNED	
THE ABOVE NAME	ED C DAY(S)		•	
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THE ABOVE NAME HAS ACCUMULATE AT	ED C DAY(S)	VACATION. VACATION CRE	DIT IS PRESENTLY BEING EARNED	
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\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SPB Document 79-26 NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

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Page 61 of 81 U.S. Department of Justice

UNICOR
Federal Prison Industries, Inc.

MILL		6-03-02 670
EPARTMENT	A STATE OF THE STA	DATE 67/30
SIGGENS	KEVIN	51627060
AME: LAST	FIRST	REGISTRATION NUMBER
REQUEST VACATION FROM_	то	V A.
REQUEST TO WORK MY VAC	ATION AND RECEIVE PAY IN LIEU OF T	TAKING THE DAYS OFF
MATES SIGNATURE	<u>4                                    </u>	
PPROVED BY:		APPROVED BY:
N/1/(76/% ORK SUPERVISOR		PARTMENT HEAD
JSINESS OFFICE:		
	IAS BEEN EMPLOYED IN INDUSTRIES SI	NCE 19 60, AND
HE ABOVE NAMED INMATE H	IAS BEEN EMPLOYED IN INDUSTRIES SI	
HE ABOVE NAMED INMATE H	Y(S) VACATION. VACATION CREDIT IS	
HE ABOVE NAMED INMATE H	Y(S) VACATION. VACATION CREDIT IS	
HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH.	Y(S) VACATION. VACATION CREDIT IS	
HE ABOVE NAMED INMATE HAS ACCUMULATED 1990 DAY PER MONTH.	Y(s) VACATION. VACATION CREDIT IS	PRESENTLY BEING EARNED  FINAL APPROVED BY:
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HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH.  DAY PER MONTH.  DMPUTED BY:  MEKEEPER	REVIEWED BY: ACCOUNTANT	FINAL APPROVED BY:  SUPERINTENDENT  DISAPPROVED  PLEASE STATE REASONS WHY I
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<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SPB Document 79-26 NOTE: THIS FORM MUST BE SU TTED 2

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Filed 02/02/2007 Page 62 of 81 U.S. Department of Justice

Federal Prison Industries, Inc.

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MILL I		<u>//-//-6</u> \	ن
DEPARTMENT		DATE	
	1/2	and the same	
NAME: LAST	FIRST	S/627060 REGISTRATION NUMBER	
	11851	REGISTRATION NUMBER	
I REQUEST VACATION FROM / 23	то 1/24 (12	15)	
*I REQUEST TO WORK MY VACATION	AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF	
(MUST BE ANNIVERSARY DATE).			
INMATES SIGNATURE			
INMATES SIGNATURE			
APPROYED BY:		APPROVED BY:	
XCrost			
WORK SUPERVISOR		DEPARTMENT HEAD	
BUSINESS OFFICE:			
THE ABOVE NAMED INMATE HAS BEE	N EMPLOYED IN INDUST	DIES SINCE 6 / 3 140 644 AND	
HAS ACCUMULATED DAY(S) VA			
ATDAY PER MONTH.	CATION. VACATION CRE	DIT IS TRESENTED BEING EARNED	
(1/2)			
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:	7 T
COMPUTED BY:	REVIEWED B1.	FINAL AFFROVED BIF	4
<u> </u>		- Liston to trusted	<u>#</u>
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	1
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED	
		PLEASE STATE REASONS WHY DISAPPROVED.	IF
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SIGNATURE	· ·		

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SPB Document 79-26 TTED 2

NOTE: THIS FORM MUST BE S WEEKS IN ADVANCE.

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Filed 02/02/2007 Page 63 of 81

U.S. Department of Justice

Federal Prison Industries, Inc.

DEPARTMENT		9/19/01 15:00.
SIEGERS LECTION		51627060
NAME: LAST	FIRST	REGISTRATION NUMBER
I REQUEST VACATION FROM	7/2/ TO 3/	
*I REQUEST TO WORK MY VACATI	ON AND RECEIVE PAY IN LI	EU OF TAKING THE DAYS OFF
(MUST BE ANNIVERSARY DATE).		
^ /		
APPROVED BY:		APPROVED BY:
WORK SUPERVISOR		DEPARTMENT HEAD
BUSINESS OFFICE:		
THE ABOVE NAMED INMATE HAS	BEEN EMPLOYED IN INDUST	RIES SINCE 6/29 192001, AND
HAS ACCUMULATED Maco DAY(S	S) VACATION. VACATION CR	EDIT IS PRESENTLY BEING EARNED
AT DAY PER MONTH.		
(½) (1)		
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED
		PLEASE STATE REASONS WHY II DISAPPROVED.
A		
SIGNATURE		
*THIS REQUEST FOR PAY IN LIEU	OF VACATION MAY ONLY B	E MADE ON THE ANNIVERSARY DATE.

<sup>(</sup>PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Federal Bureau of Prisons	INMATE REQUEST TO STAFF MEMBE
TO: MR AROTTI (Name and title of office	
Subject: State completely but briefly the problem on which you desire assi	to Suitch to
THE PANEL SAW	
- CFE14	ThAUKS !!!
	POSTED
Name: SiggERS, KEUN	No.: 5/627060
Work assignment:  R.M. UNICON 9  NOTE: If you follow instructions in preparing your request, it can be dis interviewed, if necessary, in order to satisfactorily handle your request. You	Unit:
DISPOSITION: (Do not write in this space)  OK  WITH W  Chalge Mal  8-6-01	PAOD I
8-6-01	M/CC / 8/14/01

Case 1:03-cv-00368-SJM-SPB Document 79-26

NOTE: THIS FORM MUST BE SUF TTED 2 WEEKS IN ADVANCE.

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#### REQUEST FOR INMATE VACATION

		REQUEST FOR INMAT	E VACATION	4/39/01
Pack. I			en e	37/30
DEPARTMENT			<u> </u>	
			<b>D111</b>	
	STRAGE	Rome	<u> </u>	
NAME:	LAST	FIRST	REGISTRATION NUM	
REQUEST VACA	TION FROM	ТО		
I REQUEST TO W	ORK MY VACATION	AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF	<u> 11/1                                 </u>
(MUST BE ANNIV	ERSARY DATE).			
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had a the	<u> </u>			
WORK SUPERVISO	OR The second se		DEPARTMENT HEAD	
		4*		
BUSINESS OFFICE				
		Section 1 and 1	RIES SINCE 6/19 19 000,	
HAS ACCUMULAT	TED 3776 DAY(S) V	ACATION. VACATION CRE	DIT IS PRESENTLY BEING EARN	ED
ATDAY	PER MONTH.			
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<b>Λ/λ/</b>				
<u> </u>		ACCOUNTANT	CURENINGEN	DENT
TIMEKEEPER		ACCOUNTANT	SUPERINTEN	DENI
JNIT TEAM ACTIC	DN:	APPROVED:	DIS	APPROVED
				E REASONS WHY II
	•		DISAPPROVED	
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SIGNATURE				

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00368-SJM-SPB DEPARMENT OF JUSTIC Document 79-26 Filed 02/02/2007 Page 66 of 81 INMATT REQUEST TO STAFF MEMBER Federal Bureau of Prisons Mr. PARROTT. Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details). would like to change work DEPARTMENTS to get Along with my co-worker, Buts Flavor up Mr. Nolaw Said MATTER. KEUIN C. SIGGERS 5/627060 No.:\_\_\_ Work assignment: Unit: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken DISPOSITION: (Do not write in this space) DATE:\_ MILUI

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Case 1:03-cv-00368-SJM-SPB Document 79-26 NOTE: THIS FORM MUST BE SU TTED 2 WEEKS IN ADVANCE.

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#### REQUEST FOR INMATE VACATION

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MIII I DEPARTMENT	·		9 20-0 DATE	15100
		3.7		
	66116		<u> </u>	<del></del>
NAME: LA	AST	FIRST	REGISTRATION NUMBER	/
I REQUEST VACATION FRO	рм <u>. 9 /яс</u> 1	0 9/97 (2 Das	s) CASA iN	
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Marker we Like the				
INMATES SIGNATURE				
	1/			
APPROVED BY:	4		APPROVED BY:	
Mustellant	rangham.			
WORK SUPERVISOR			DEPARTMENT HEAD	
			and the second s	
BUSINESS OFFICE:				
THE ABOVE NAMED INMA	TE HAS BEEN F	EMPLOYED IN INDUST	TRIES SINCE 6/25 19-00, AND	
			EDIT IS PRESENTLY BEING EARNED	
ATDAY PER MON	NTH.			
(½) (1)				
1				
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TIMEKEEPER	Ā	ACCOUNTANT	SUPERINTENDE	NT
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UNIT TEAM ACTION:		APPROVED:	DISAPI	PROVED
			PLEASE STATE R DISAPPROVED.	EASONS WHY IF
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SIGNATURE				
*THIS REQUEST FOR PAY	IN LIEU OF VAC	CATION MAY ONLY B	E MADE ON THE ANNIVERSARY DAT	<b>E.</b>

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARTMENT OF JUSTIC Federal Bureau of Prisons

# INMATE REQUEST TO STAFF MEMBER

	SEPT. 18 ATE: 2000
TO: Mr. PEROTTI (MILL I Saperviso) (Name and Title of Officer)	1)
SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think sho	ould be done(Give Details).
Sie I would like to change my	Job , to
- WORK IN MILL I DEPARTMENTS I have	90TTEN HAY
- PERMISSION From Me. Nolaw to change Jo	65,
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	ार विकास के अध्यास के अध्यास
Name: Kryin. C. Siggens Sn.	No: 5162)060
Work Assignment: UNICONS A.M	Unit: 4 /
NOTE: If you follow instructions in preparing your request, it can be disposes of more promptly and intelligent necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem	ly. You will be interviewed, if may result in no action being taken.
DISPOSITION: (Do not write in this space)	ate:
at the ok chain me provide provide provide	1 PROD F TO MICCI
Original-File Canary-Inmate	Officer Officer
FCI Mckean Previously BP-Admin-70	BP-148(70) July 19

### <u>r</u>\

<u>Empl</u>	<u>oyee</u>	<u>Wor</u>	<u>k H</u>	listo
-				

Name: Si	ggers, Kevin	No. #51627~060		
Hire Date:	03/23/99	Prior UNICOR Credit Accepted:	00	Months

Year: 1999

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					Reliains
Feb					
Mar	1	3:45	, , , , , , , , , , , , , , , , , , , ,	3:45	L
Apr	2	3:45		7:30	<u>L</u>
May	3	3:45	POV 11:15	0:00	20
Jun	4	3.45		3:45	9
Jul	5	3:45		7:30	K.
Aug	6	3:45		11:15	S.
Sep	7	3:45	7:30	7:30	VAC 9/27
Oct					<b>'</b>
Nov					
Dec					

Year: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct		,			
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 \* PAGE 001 OF 001 \* INMATE HISTORY WRK DETAIL

REG NO:	51627-060	NAME:	SIGGERS,	KEVIN LAMAR
CATEGORY:	WRK	FUNCTION:	PRT	FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE,	TIME
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	CURRENT	
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

KINA

1ANUP I 3/23/99

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DATE: 10/28/99 07:23 INLETES NOT WORKING FOR 30 DAY.

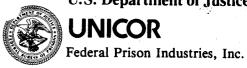
PAGE: 1

REPORT DATE: 10/30/99 USER ID: salcl

Reg-num Fact Group Crew Name Last Lbr LT SIGGERS, KEVIN 51627-060 FT ft130 Assembly 1 09/29/99

Case 1:03-cv-00368-SJM-SPB Document 79-26
NOTE: THIS FORM MUST BE SU TITTED 2 WEEKS IN ADVANCE.

Filed 02/02/2007 Page 72 of 81 U.S. Department of Justice



		REQUEST FOR INMATE	VACATION	· · · · · · · · · · · · · · · · · · ·
(103y)			······································	
DEPARTMENT			DATE	-1
p A			The said for	
NAME:	LAST	FIRST	REGISTRATION NUMBER	/
I REQUEST VACAT	TION FROM	ТО		7-30
*I REQUEST TO WO		N AND RECEIVE PAY IN LIEU	J OF TAKING THE DAYS OFF	<del></del>
INMATES SIGNATU				
APPROVED BY:			APPROVED BY:	
Chul . Me WORK SUPERVISO	R		DEPARTMENT HEAD	
BUSINESS OFFICE:				
THE ABOVE NAME	ED INMATE HAS B	EEN EMPLOYED IN INDUSTR	ies since $1100000000000000000000000000000000000$	
	PER MONTH.	-VACATION. VACATION CREI	DIT IS PRESENTLY BEING EARNED	
(1/2) (1)	EK MONTII.			
COMPUTED BY:		REVIEWED BY:	FINAL APPROVE	1 Page
TIMEKEEPER	_	ACCOUNTANT	SUPERINTENDENT	
UNIT TEAM ACTIO	N:	APPROVED:	DISAPPR	OVED
			PLEASE STATE REA DISAPPROVED.	ASONS WHY IF

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

SIGNATURE\_\_

(This form may be replicated via WP) Replaces BP-148 of Oct 86

S148.070 INMATE REQUEST TO STAFF MEMBI	ER CDFRM
IITED STATES DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
	DATE MAY 19,1999
: MR. PIGROTTA	
(Name and Title of O	fficer)
BJECT: State completely but brief	fly the problem on which you
sire assistance and what you think s	should be done (Give details).
I would like my Jo	od changed to
The Ventical Boning Machine	
1 The and I may all	1 de la company
line I've spoke to MR. Nol.	
to have you sign this IN.	MATE REQUEST FORM
RELEASING ME to WORK IN THE	ASSEMBLY DEAT. I THANK
ON FOR TIME CONCERNING this	
OU TOR TIME CONCERNING MIS	
1	11/7/1/2/02
	Pr1771141030
	P217711416 3 0
,	P2177114 16 3 0
OK OR REFUSED	
,	
OK OR REFUSED	POSTED
(Use other side of page if more	POSTED
(Use other side of page if more	POSTED pre space is needed)
(Use other side of page if more than $L = \frac{K_{\text{EVIN}} L - S_{\text{I}} + S_{\text{I}} + S_{\text{I}}}{2}$	POSTED  pre space is needed)  NO.: 5/627-060
OK OR REFUSED  (Use other side of page if more thank L. Siggens Sn.	POSTED pre space is needed)
OK OR REFUSED  (Use other side of page if more than $L$ -Siggens $S_R$ .	POSTED  pre space is needed)  NO.: 5/627-060
(Use other side of page if mode:  E: Kevin C-Siggans Sn.  K ASSIGNMENT: LAY UP I	POSTED  Pre space is needed)  NO.:S_/6_27-060  UNIT:
(Use other side of page if moder to satisface fically state your problem may result in no action being taken)	POSTED  ore space is needed)  NO.: 5/627-067  UNIT: 3/4  In be disposed of more promptly and intelligently.
(Use other side of page if moder to satisface fically state your problem may result in no action being taken)	POSTED  Ore space is needed)  NO.:
(Use other side of page if mode:  E: KEVIN C-SIGGERS SA.  K ASSIGNMENT: LAV UP I  If you follow instructions in preparing your request, it can in the content of the conten	POSTED  ore space is needed)  NO.:
(Use other side of page if moder is to satisface the state of page if moder to satisface the state of the state of page if moder to satisface the state of the st	POSTED  ore space is needed)  NO.:
(Use other side of page if moder is to satisface the state of page if moder to satisface the state of the state of page if moder to satisface the state of the st	POSTED  ore space is needed)  NO.:
(Use other side of page if mode:  E: KEVIN L-SIGGES SA.  K ASSIGNMENT: LAV UP I  If you follow instructions in preparing your request, it can will be interviewed, if necessary, in order to satisfact fically state your problem may result in no action being take	POSTED  ore space is needed)  NO.:
(Use other side of page if mode:  E: KEVIN L-SIGGES SA.  K ASSIGNMENT: LAV UP I  If you follow instructions in preparing your request, it can will be interviewed, if necessary, in order to satisfact fically state your problem may result in no action being take	POSTED  ore space is needed)  NO.:

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin	Register Number	:51627-060
Institution Code: 231		
Job Description: Woodworking Shophand	Department	: Layup 1
Duties: Responsible for stacking, cushioning a Responsible for visually inspecting all materials duties as assigned in UNICOR.	and wrapping product. Secures l being packed for surface defects	oad with steel strapping. or blemishes. All other
I have instructed inmate <u>KEUML.S</u> the proper procedures in which to includes standard maintenance, safet	implement his assigned	work detail, which
Moreman .		H-12-99
I have received proper instruction on a nave any problem with implementing m		
signature of Inmate	5/627060 Register Number	<u> </u>

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## Roster

Date: April 23, 1999

Name	Number	Department	SOI	Fact.	Safety	Prod.	Work	Q.A.	Bus Of	
Davila-Bajana, Juan	47580-053	Prod 1								
Luna-Navarro, Bernardo	05659-032	Laup 1								
Hamilton, James	09140-055	Pack 1								
Siggers, Kevin	51627-060	Laup 1								
Kowalski, Paul	08930-055	Q.A. 1								
Carter, Claude	19735-039	Main 1								
ALTERNATES										
Gonzalez, William	21331-038	Mill <b>2</b>								
Wills, Eric	52511-060	Pack 1								
·										
1										
		·								

P-S148.070 INMATE REQUEST TO STAFF MEMBE.	R CDFRM
NITED STATES DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
	3 2/08
	DATE 3-2/-99
O: UNICON SUPERVISON (Name and Title of Off	n
(Name and Title of Off	icer)
JBJECT: State completely but brief.	ly the problem on which you
esire assistance and what you think sh	nould be done (Give details).
)	
I NAVE THE REA	MEASE BY MY
I have the REA CHARENT SUPERVISOR A	O WORK IN the
Unicong FACTORY	·
77.000	
	KITCHEW SUPERVISOR
	p
·	
(Use other side of page if mo	ce space is needed)
1/	
AME: KEUIN L-Siggens Siz	NO.: 5/627-060
	~ .
ORK ASSIGNMENT: Veg. Prep	UNII:
TE: If you follow instructions in preparing your request, it can	be disposed of more promptly and intelligently.
u will be interviewed, if necessary, in order to satisfact ecifically state your problem may result in no action being take	Orily handle your request. Your failure to
SPOSITION: Do not write in this space)	2-25 00
	DATE J-00-99
( )	M. HENRY CENK SCOTTON
. /	IN. THENKY COVE SCHEELU,
/	
	M11/2.
	THE STUMP
ord Copy - File; Copy - Inmate	Officer

(This form may be replicated via WP) Replaces BP-148 of Oct 86

### **UNICOR**

# Industrial Employment/IPRS Action Report

1 Cuciai i industrio, ma					
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3					
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26					
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22					
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code					
5 1 6 2 7-0 6 0 SIGGERS KEVIN   231					
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code					
O 1 2   2   M C F T   1   7 6 9 6 8 7 0 5 4   W D   W R K   S H O P H A N D   1 = Hourly 2 = G.P.W. 3 = P.W.					
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year    0					
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs					
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).					
24. Date Of Enrollment Month, Day, Year					
25. Total Inmate Hours Involved					
26. Signatures:  Recommended By  Foreman  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records made: 1/2-04  Timekeeper  Date: 1-12-04					



# Industrial Employment/IPRS Action Report

2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22
Registration Number	5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7 - 0 6 0	S       G   G   E   R   S
Action Recommended  From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	10. Wage
<b>-</b>	1 = Hourly 2 = G.P.W. X = Apprentice 3 = P.W.
<u>To:</u> 13. Job 14. Grade 15. Industry	16. Wage 17. Dot 18. Position Title
Number 1 - 4 Code   O 1 4   2   M C F T	Plan Code   1
19. Effective Date	20. Time of Action \ 21. Check One: AM PM
Month, Day, Year  0 4 - 0 7 - 0 5	0 7 1 0 X
22. Reason For Termination O  1 = Released 2 = To  5 = Program Discontinued	ansferred 3 = Program Change 4 = Inmate Request
23. Continuation of Longevity	Status
1 = yes 0 = no 2	= no (For use only when termination is for release (MR or parole).
24	I. Date Of Enrollment Month, Day, Year
25. Total Inn	nate Hours Involved
	_ 1 /
26. Signatures:  Recommended By	Foreman Date: 4-7-05
	Plant Superintendent Date:
Approved By	<u> </u>
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Record	Date: 4765
EDI Form 96 (9/98)	

Distribution: 1. Business Office 2. Terminal Operator

3. Placement

4. Foreman

# UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: Signers Kovin Number: 5/627-060 Date: 3/11/02
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: This is to advise you of your unsatisfactory work performance on: 3/11/2/
Specifically: Immate Siggers was observed on the production floor.  Inghting matches. Immate Siggers was attempting to melt the plastic  tip of a cigar. This schange is unsafe because of the florable  materials on the factory floor
Supervisor's Recommendation:
1) Written Warning
2) Grade Reduction from $2$ to $3$ ; No. of days
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries.    Approved
Final disposition:
3/11 -> H/1/ Superintendent of Industries Date
/ W

# UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: Siggers Kevin Number: 5/627-060 Date: 3/6/02
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: This is to advise you of your unsatisfactory work performance on:
Specifically: Monate Sigger had in his possession, AVIBTON Alayone cards in the Unicon Factory. Immete Siggers had Signed a Rule o regulation paper when he Started Unicon States that Immate Workers are prohibited from Beinging personal property into the factory (Rule # 12)
Supervisor's Recommendation:
1) Written Warning
2) Grade Reduction from to; No. of days
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries.    Manual   3/6/02
Final disposition:
•

## FACTORY RULES AND REGULATIONS

			•
$\mathcal{V}_{\cdot}$		•	
NAME LEVIN L-SIGGERS	LINIT C A	LOCKER#	Court
	- OMI <u>CIT</u>	_ LOCKER#	. CHIT#

- 1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- 10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. **DO NOT** CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.

# ्रीर्थेकः /असः अभिक्षेत्रेने १४ विरोधनारु १४ तम् अस्यानिकानम् सन्दर्शास्त्रीत्र भाषान् । सन्दर्शनाम् । सन्दर्शनाम् । सन्दर्शनाम् । सन्दर्शनाम् । सन्दर्शनामा । सन्दर्शना

- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.